

Testimony to the Appropriations Committee, Human Services Subcommittee

February 18, 2009

Dear Appropriations Committee,

I would like to strongly urge you to continue to support routine dental care for low income patients and adults enrolled in the Medicaid plan. Only providing emergency treatment to these patients may seem like a cost savings solution, but it is truly short term at best. If we neglect regular care, we expose these patients to diseases that can affect their general health. This can and will cost much more over time as well as putting a huge strain on hospital emergency rooms and clinics. With the growing number of unemployed in our state, there will be more people in need of services and expenditures will need to be made to expand the available emergency services.

I am an enrolled provider in the Medicaid program. I would like to tell you how eliminating adult dental care will have a negative impact on different groups of patients. I have a Medicaid patient with a pre-cancer lesion on her tongue requiring several biopsies. Without routine care this lesion could advance to cancer undetected. By the time she would have pain or symptoms and present for "emergency care" the cancer would be quite advanced with a poor outcome. Many late stage oral cancers have a 5 year or less mortality rate. I have many Medicaid patients that are elderly. Many have been diagnosed with periodontal disease. There have been links of periodontal disease to heart disease and diabetes. Without routine care this can contribute to these systemic problems. These people tend to be more fragile, and a decline in their health will cost more in medications, hospital visits and need for long term care.

Emergency care only will lead many people to lose more teeth. This not only affects nutrition but employability and self esteem. For those who hold jobs, emergency care for pain contributes to more lost time at work.

I understand that some hard decisions need to be made for budget cuts. I ask that this not be done at the expense of the health of low- income adults and their families. The long term impact of this will not be a cost savings to the state.

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